POWER OF ATTORNEY

OR

REVOCATION OF POWER OF ATTORNEY

James Stracka

forms are submitted

CRO, The Stracka Design Company LLC

X

Signature

Title and Company

signature is required, see bolow". *Total of

Name

PTC/SB/81 (01-09)
Approved for use through 11/30/2011. OMB 0551-0035

Pulling Improvement Device

09/384,931

August 26, 1999

Lae Robinson

U.S. Potent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
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Title

Application Number

First Named Inventor

WITH A NEW POWER OF ATTORNEY linu nA AND Examiner Name CHANGE OF CORRESPONDENCE ADDRESS Attorney Docket Number I hereby revoke all previous powers of attorney given in the above-identified application A Power of Allorney is submitted herewith I hereby appoint Practitionor(s) associated with the following Customer 23464 Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Palent and Trademark Office connected therewith: I hereby appoint Procitioner(s) named below as my/our attomey(s) or agent(s) to prosecute the application identified above, and to transact oil business in the United States Patent and Trademark Office connected therewith: Registration Number Practitioner(s) Name Please recognize or change the correspondence address for the above-identified application to: The address associated with the above-mentioned Customer Number The address associated with Customer Number: OR Firm or Individual Name Address Clly State Zlp Country Telephone Email i em the: Applicant/Inventor OR Assignee of record of the entity Afterest See 37 CFR 3 71 Statement under 37 CFR 3,73(f) (form PTO/SB/96) submitted herewith or filed on

This collection of information is required by 37 CFR 131, 132 and 133. The information is required to obtain at retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U S C 122 and 37 CFR 111 and 114 This collection is estimated to rate 3 mirrates to complete, including gathering properties, and automitting the completed application from the USPTO. Throw will vary depending upon the individual case. Any commonite on the amount of time you couplete his term under suggestions for returning this burden, should be sont to the Chief Information Officer. U.S. Patient and Trademark Office, U.S. Department of Commerce P.O. Box 1450. Alexandria VA. 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THES ADDRESS SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1460

SIGNATURE of Applicant or Assignee of Record

NOTE: Signalures of all the inventors or assignces of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one

Date

Telephone